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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/973,956
		Filing Date	October 11, 2001
		First Named Inventor	Ronald W. MINK et al.
		Group Art Unit	1723
		Examiner Name	D. SORKIN
Total Number of Pages in This Submission	8	Attorney Docket Number	030793-052100

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Declaration of Ronald W. Mink, Andrew S. Goldstein and Robert C. Bohannon <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Other Supplemental Submission of Additional Declaration in Support of Applicants' Request for Correction of Inventorship Under 37 C.F.R. 1.48
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey A. Lindeman, Reg. No. 34,658 Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	<i>Jeffrey A. Lindeman</i>
Date	May 21, 2004

CERTIFICATE OF TRANSMISSION		
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at <u>703-872-9306</u> , on <u>May 21, 2004</u> .		
Type or printed name	Phoebe M. Jones	
Signature	<i>Phoebe M. Jones</i>	Date May 21, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, VA 22313-1450.

PATENT  
ATTORNEY DOCKET NO.: 030793-052100

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
Ronald W. MINK et al. ) Group Art Unit: 1723  
Application No.: 09/973,956 ) Examiner: D. SORKIN  
Filed: October 11, 2001 )  
For: DEVICE FOR COLLECTION AND )  
ASSAY OF ORAL FLUIDS )

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Sir:

**SUPPLEMENTAL**  
**SUBMISSION OF ADDITIONAL DECLARATIONS IN SUPPORT OF APPLICANTS'**  
**REQUEST FOR CORRECTION OF INVENTORSHIP**  
**UNDER 37 C.F.R. 1.48**

In further support of Applicants' Request for Correction of Inventorship, filed February 19, 2004, enclosed are newly executed Declaration of Co-Inventors Ronald W. Mink, Andrew S. Goldstein, and Robert C. Bohannon.

The Examiner is invited to contact the undersigned, should there be any questions or concerns.

Respectfully submitted,

By: Jeffrey A. Lindeman  
Jeffrey A. Lindeman  
Registration No. 34,658

Date: May 21, 2004

Customer No. 22204  
NIXON PEABODY LLP  
401 9<sup>th</sup> Street, N.W.  
Washington, DC 20004  
Telephone: 202-585-8350

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>		Attorney Docket Number	030793-052100
		First Named Inventor	Ronald W. MINK
		<b>COMPLETE IF KNOWN</b>	
<input type="checkbox"/> Declaration Submitted With Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		Application Number	09/973,956
		Filing Date	October 11, 2001
		Art Unit	1723
		Examiner Name	David L. SORKIN

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DEVICE FOR COLLECTION AND ASSAY OF ORAL FLUIDS**

(Title of the Invention)

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 10/11/2001 as United States Application Number or PCT International

Application Number

09/973,956

and was amended on (MM/DD/YYYY)

06/24/2002,  
02/27/2003,  
08/25/2003, and  
10/27/2003

(if applicable)

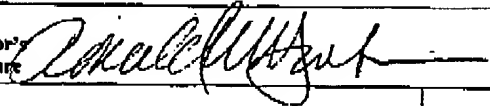
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

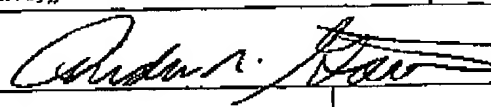
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
			<input type="checkbox"/>	YES	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <span style="border: 1px solid black; padding: 2px;">22204</span> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone		Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ronald W.		MINK	
Inventor's Signature 			Date
			20 MAY 2004
Residence: City	West Linn	State: Oregon	Country: USA
Citizenship: United States			
Mailing Address: 2070 S.W. Mossy Brae Road			
City: West Linn	State: Oregon	ZIP: 97068	Country: USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Andrew S.		GOLDSTEIN	
Inventor's Signature			Date
Residence: City		State: Oregon	Country: USA
Citizenship: United States			
Mailing Address: 7260 SW Ascot Court			
City: Portland	State: Oregon	ZIP: 97225	Country: USA
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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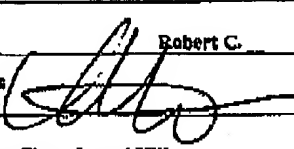
DECLARATION - Utility or Design Patent Application			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		22204	OR <input type="checkbox"/> Correspondence address below
Name			
Address			
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Country	Telephone		Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ronald W.		MINK	
Inventor's Signature			Date
Residence: City	West Linn	State: Oregon	Country: USA
Citizenship: United States			
Mailing Address: 2070 S.W. Mossy Brae Road			
City: West Linn	State: Oregon	ZIP: 97068	Country: USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Andrew S.		GOLDSTEIN	
Inventor's Signature			Date
			5/19/04
Residence: City	PORTLAND	State: Oregon	Country: USA
Citizenship: United States			
Mailing Address: 7260 SW Ascot Court			
City: Portland	State: Oregon	ZIP: 97225	Country: USA
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SE/02A attached hereto.			

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 3 of 3	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert C.		BOHANNON	
Inventor's Signature		Date	
Residence: City: Chapel Hill	State: North Carolina	Country: USA	Citizenship: United States
Mailing Address: 401 Silver Creek Trail			
Mailing Address:			
City: Chapel Hill	State: North Carolina	ZIP: 27514	Country: USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	ZIP:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	ZIP:	Country:

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Robert C.		BOHANNON	
Inventor's Signature 		Date	
Residence: City: Chapel Hill	State: North Carolina	Country: USA	Citizenship: United States
Mailing Address: 401 Silver Creek Trail			
Mailing Address:			
City: Chapel Hill	State: North Carolina	ZIP: 27514	Country: USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	ZIP:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	ZIP:	Country:

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**DECLARATION – Supplemental Priority Data Sheet**[illegible]

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